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ITSC News

IHS Information Technology Support Center

Annual Conference Week - July 9-13!

Rus Pittman, ITSC Director

This week the 2001 Information Technology & Program Support Conference takes place in Albuquerque, NM (July 9-13, 2001) at the Hilton Hotel. The conference theme this year is "Building strategic partnerships to develop e-health, IT security, and HIPAA compliance." This is the one week of the year when interested people from all areas of Indian Country gather to share knowledge, ideas, and experience with new technology. The conference is being attended by IHS, tribal, and urban employees and leaders as well as BIA, VA, State, and other Federal agencies. Tuesday afternoon and all day Wednesday and Thursday technical and health-oriented vendors are available with product information and demonstrations.

The Plenary and Joint General sessions Tuesday morning officially open the conference. This year these opening sessions feature nationally recognized speakers Mr. Gary Christopherson, CIO Veterans Health Administration and Mr. Brian Burns, Deputy CIO HHS.

The schedule includes special meetings throughout the week for specific working groups and project teams. These include groups such as Site Managers, RPMS Developers, the Pharmacy PSG, Contract Health Service, the Third Party Billing/Accounts Receivables Redesign workgroup, and the Auto Posting Program Follow-up workgroup.

Workshops and presentations throughout the week promise to peak your interest in technologies currently in deployment throughout IHS, new programs under evaluation, and discussion of effects of various legislation. You will have access to technologies such as Linux, VistAion, handheld devices, Master Person Index software, virtual private networking, video conferencing, and Cache. Legislation under review includes: HIPAA, GPRA, and HCFA billing and eligibility.

Presentations scheduled throughout the week will address various RPMS packages, including descriptions of new and recent releases, application of selected packages in the business or clinical environment, tips for advanced or power users of selected packages, etc.



IHS Listserv Use on the Rise

Len Thurman and Shelby Zwick

Use of listserver mailing lists, or “listservs,” by the Indian Health Service is on the increase. The ITSC listserver is a dedicated server that currently handles 32 mailing lists. It is maintained by Web Team member and “Listmaster,” Shelby Zwick. The number of users for each listserv range from under a handful to between 200 and 300 for the larger listservs such as those dedicated to the dental, pharmacy, and clinical directors groups.

There are four types of listservs available through the ITSC:

- Open discussion list -- open to anyone who wants to send a message to the list.
- Only subscribers can post -- the list only accepts messages from individuals who are subscribers to the list.
- Moderated list -- only mail from the moderator(s) is sent to the list automatically. All other incoming messages are redirected to the moderator.
- Distribution (read-only) list -- only mail from the Moderator is sent to the list. All other mail is sent back to the sender with a note explaining that the list is read-only.

Each listserv can be set up so that replies to messages posted to the listserv go to (1) all addresses in

the list or (2) only the original sender of the message. The first setting is good for administrators who want to foster a lot of

discussion among their listserv users. The latter allows more individual communications.

For more information on the IHS listserver, how to subscribe to a list, and how to initiate a list, visit <http://www.ihs.gov/Cio/ListServer>.

Customizable Brochure

While preparing for the transition from the Clinton to the Bush Administration, the Indian Health Service recognized the need for a comprehensive brochure package that would introduce current and historical concerns facing the IHS and the American Indian and Alaska Native tribes. This orientation material had to be easily customizable for small meetings as well as for large conferences and had to cover issues ranging from health care and disease prevention to internal IHS facilities management and IT support issues. The information contained in the brochure also had to be highly portable and easily accessible throughout all IHS by Area Office and program staff..

The orientation project involved the cooperative efforts of the IHS Public Affairs Office, key staff from all medical and non-medical programs, the IHS Web Team, and multimedia consultant services from an outside vendor. The project involved the creation of 30+ one-page issue summaries, each page covering a specific topic affecting the IHS and the American Indian and Alaska Native community; an interactive CD business card that provided an overview of the orientation materials and a video narration from Wilma Mankiller, former

principle chief of the Cherokee Nation; and the development of the following informative website:

<http://info.ihs.gov/>.

This site provides a wealth of information including the latest issue summaries and brochures associated with the project.

The design of the overall orientation project was based on the layout of the two brochures: “Heritage and Health” and “IHS Profile.” The IHS Web Team provided all graphic creation and layout of the one-page issue summaries, developed the *info.ihs.gov* website, and coordinated efforts with the multimedia vendor. Working closely with the Public Affairs Office, the IHS Web Team also provided the necessary technical support throughout the project’s development cycle.

Initially, it was hoped that the CD business card would hold the contents of all the brochure information and thus be a self-contained package. However, two problems immediately became evident. First, the CD business card did not have enough digital storage space to hold all the documents. Second, once information was saved on the CD business card, content could not be updated and it would be impossible to add any one-page issue summaries that might be created at a later date. The solution was creation of the website, designed to toggle between the CD presentation and the one-page issue summaries. This design allowed for flexibility in future updates and/or additions to the issue summaries, prolonged

IHS Web Sites Compliance with 508 Rules

The Geographical Information System (GIS) software that renders maps to IHS facilities -- actually not a top twenty “page”

In the long term, using carefully designed templates will make the creation of web sites faster and easier for developers and program managers alike.

Telecommunication News

Tom Fisher

Virtual Private Network (VPN)

IHS/Tribal/Urban groups who are not directly connected to the IHS network particularly benefit from implementation of this VPN technology. Installation of a VPN at the boundary between the tribal network and the local ISP allows for the transport of data over the VPN and into the IHS network. As a VPN user, a tribal group would not need an Internet connection or a direct connection to the IHS network. For more information, please contact the

IHS network group in ITSC Albuquerque.

Firewall Implementation

The primary firewall is now operational in Albuquerque ITSC. It prevents unauthorized users from gaining access to patient, financial and statistical data within the IHS network.

The Firewall installation includes additional equipment used to monitor the network for unauthorized access from would-be hackers.

The ITSC has also installed the first Area office firewall (in the Billings Area) that provides additional protection for that Area and the internal network among its health care facilities called the Area to Health Facility Network (ATHFNET).

E-Mail Gateway

The E-mail gateway has been brought online. This gateway filters all E-mail traffic coming and going from the IHS for specific types of files and viruses. The minimum list of files it is configured to block are those with the following extensions: .exe, .vbs, .shs, .scr, .mpg. Individual sites running the Exchange Server can block any additional file types they determine necessary.

When it detects a virus or one of the specified file types, the gateway prevents its distribution either inside IHS or to an outside destination. It sends a message to both the sender and the receiver indicating that the message in question has been determined to contain an unauthorized file type and its transmission has been blocked.

Desktop Video Conferencing

A number of areas have purchased and installed Polycom video units. These units transmit video signals of IP (H.323) instead of the older IHS systems which were Dial-up ISDN (H.320). This newer technology allows for transmission of a video signal using the IHS wide data network (WAN) and, as a result, incurs no additional costs during a video session. These video units can be made operational with a bandwidth range of 128 to full T1.

The ITSC has also installed a Video Bridge that allows the new video equipment to connect all Areas on one call. The video bridge has the capacity to convert ISDN video connections (H.320) to Video of IP connections (H.323). Please contact ITSC for additional information.

From **Application** **Development**

Ray Willie

During the past few months, the RPMS development and support team has accomplished a significant version releases and software transitions into beta test.

PCC+ Customizable Encounter Form

The New Encounter Form and Health Summary Package (PCC+) enables end users to design highly customized encounter forms and health summaries. These documents are

generated locally on a laser printer before each clinic visit, and fully replace their traditional PCC counterparts. The new encounter forms combine features of the standard PCC Encounter Form, super bill, and health summary. Customized form elements come from the PCC database (that is, demographic information, eligibility data, problems, purposes of visit, allergies, health maintenance reminders, and medications), the site preference files (orderables and associated CPT codes), and the user preference file (diagnoses and associated ICD codes).

This is the first release of the new Encounter Form & Health Summary Form.

Contract Health System (CHS) V 3.1

This release of the CHS package represents the first certified version of this particular package. It contains modifications that incorporate the Contract Health Denial/Deferral System, previously a separate package. Although there are no major functional changes, the following modifications have been made:

- Users can now store denial numbers under multiple facilities within the same file. This means that an area can have multiple sites using the same file for storage but keep the denials for each site separate. This also allows more versatility in reporting.
- Each Diagnosis field now has a corresponding Diagnosis Narrative field. This addition makes it possible for you to enter a separate narrative comment for each diagnosis.

- Date Range, Clinic/Visit Type, Billing Entity, and Provider.

- ***Transaction Report*** - This report presents a listing of transactions for all billing sources. You can sort it by Clinic/Visit Type, Transaction Date Range, Collection Batch, Collection Batch Item, A/R Entry Clerk, and Provider.
- ***Period Summary Report*** - This report presents a summary of transaction activity for all billing sources for a specified date range, including total billed, payment, and adjustment amounts. You can sort it by Allowance Category and Clinic/Visit Type.

This version also contains various corrections to problems reported from the field, the most significant of which include:

1. The Aged Open Items report now totals aged bills by A/R Account.
2. The Medicare ERA now ignores negative balances due to non-covered days on an inpatient stay.
3. Flat Rate Posting now allows you to post zero pay batches.
4. Zero pay collection batches are now permissible.
5. Non beneficiary insurer type displays properly when performing a FileMan inquiry to the A/R Account file.
6. The Bill File Error Scan looks harder for bills in 3PB.

This version release provides the following enhanced, modified, or additional reports.

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This software, currently in Beta test, provides an integrated series of applications for information delivery. It enable you to display critical management-level information about the enterprise with graphs or reports (e.g., anticipated revenue from TPB claims for a specific month).

This version release contains the following enhancements and updates:

2. Rotavirus: Rotavirus vaccine and forecasting is automatically inactivated.

3. Influenza: Influenza vaccine will be routinely forecast for persons ≥ 50 years old.

4. Patient View Screen: On the Patient View screen, in the Forecast section on the right hand side, the dates have been removed because they caused confusion. Only the vaccines due on the date of the forecast will be displayed.

5. Forecasting options: There are now 9 forecasting Rule Sets.

6. Measles dose numbers: We have added a dose number to Measles to eliminate errors resulting from not having one. Dose numbers are currently required for all vaccines except Influenza and Pneumovax.

7. Pneumococcal Conjugate Vaccine: There are now 2 pneumococcal vaccines:

* Pneumo-PS- (Pneumovax)

* Pneum-conj.- pneumococcal conjugate vaccine (Prevnar)

8. Printing: A problem that sometimes resulted in control character printing at the tops of letters has been fixed.

9. Reports: Pneumococcal conjugate vaccine has been added to the Quarterly Immunization Report (but pneum-conj doesn't count in the totals), the Two-Year-old report and the Vaccine Accountability Report.

10. Reports: A "Health Care Facilities" parameter has been added to the Quarterly Immunization and the Two-Yr-Old Immunization Reports. If you select for specific Health Care Facilities, only patients who have active chart #'s at one or more of the selected Facilities will be included in the report.

11. Letters: If the RPMS Scheduling Package is being used at a site, you can now choose to have the patient's next scheduled appointment to appear on a Due Letter. Next Appointment will also appear at the bottom of the Patient View Screen, and Next Appointment is now an element that may be included in the Due List as Additional Information.

12. Export: Two new Data Elements have been added to the Export: "Mother's Maiden Name" and "Patient Beneficiary Type."

13. Data entry: If a patient is hospitalized and has not yet been discharged, the software was changing the Category of any new immunization entered from Ambulatory to Inpatient. This created a problem for sites that enter Contract hospitalizations

but never "discharge" the patients. Now the Immunization software ignore a hospitalization if it has a "Contract" Visit Type.

14. Patient Menu Change: Wording of options on the Patient Menu has been changed to more clearly indicate that the Lists and Letters option is not limited to "Due Lists" (lists of patients who are due for immunizations). Several other listings of patients are available under the option now named "Patient Lists and Letters."

Data Quality Action Team

Stan Griffith/Joan Christy

The Data Quality Action Team (DQA Team) was assembled in March of this year and charged with addressing issues relating to data quality, particularly those affecting the determination of active user counts. The Team has been very active since its inception, working in the following areas:

NPIRS Efforts: Team members and NPIRS staff are working together on several important tasks: 1) Assembling and, where necessary, creating new documentation of existing production processing programs and logic, database structures and relationships, and report routines. 2) Accumulating an inventory of current and historical raw and processed data. 3) Implementing regular backup and archival procedures. 4) Designing increased security measures for implementation.

Workload and User Population

Reports: While the Team has been working to resolve identified data issues with program officials (OPH/OPS, Area Stat Officers), it has also been working with NPIRS staff to set into place a frequent, iterative production of user counts with corresponding information about what data changes each iteration reflects.

Data Warehouse: ITSC engaged IBM consultants to assess the current state of the NPIRS database structure, its data handling processes and methods, and the problems underlying the production of accurate, verified, and timely data reports. The report from this engagement supports the creation of a data warehouse and associated data marts (for instance, Statistical, ORYX, and individual Areas) equipped with data mining technologies. Both IBM and SAS consultants are now involved in the design and implementation planning of such a warehouse/mart structure.

Communication and

Coordination: The Team maintains regular communication with other data- and data transport-related initiatives. You are invited to the following DQA Team website:

<http://www.ihs.gov/CIO/DataQuality/index.asp>

This site is designed to keep you informed and contains, for instance, the latest weekly status report, meeting minutes, responses to issues or questions raised, and a draft project plan for the data warehouse.



Ed Conley

For those of you who have not yet heard, IHS is leaving the Parklawn Building, its home for the last 31 years. IHS' new home will be just down the street and around the corner at 801 Thompson Ave. A web site on the IHS Intranet answers many burning questions about the relocation, keep IHS staffers informed throughout the process, and suitably chronicles this historic move.

On the web site you will find a schedule of when construction tasks should be completed. Construction started on April 9th and staffers should begin the move later this year in the fall.

There is also a question and answer section where you can ask a question about the move and have it answered. If one person is wondering something, probably a hundred others are too, so be sure to ask any questions you may have.

You will also find images of the building on the web site. You can see many exterior shots of 801 Thompson, as well as interior shots of the construction in progress. From these pictures of the construction, you can follow the steps made as the building's interiors are turned into comfortable office space for IHS staff.

Floor plans of the new building are available so you can find out where staff will be working in the new building. There are also text versions of these seating

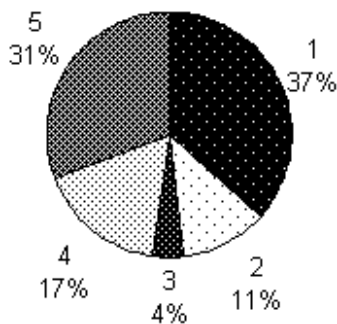
assignments available on the site. On these floor plans you can also scope out ahead of time where the conference rooms, training rooms, copier rooms, and coffee rooms will be.

The URL for the site is <http://home.ihs.gov/Facilities/HOE/Move>

**RPMS Call
Center Stats**

The Call Center received 270 new calls from March 1st through May 31st of this year. They closed 279 orders in that same period (187 - 67.0% - were closed within 14 days). Here's how that breaks down:

1. Same Day:	99
2. One Day:	31
3. Two Days:	11
4. 3-14 Days:	46
5. 15 Days or more:	83



RPMS Call Support Center

888-830-7280

You can also access the Call Support Center online via the RPMS home page at

<http://www.ihc.gov/Cio/RPMS>.

Training Opportunities and Events

Larry Saavedra

The ITSC Training Homepage provides links to the RPMS training calendars of ITSC and several IHS Area Offices. Access the ITSC Training Homepage at the following URL:

<http://home.training.ihs.gov/>

This site also links to a comprehensive listing of meetings, conferences, and other training opportunities updated almost every week. These events are sponsored by a variety of organizations and are listed with their dates, locations, contact information, and costs.

Check the ITSC Training Homepage and its links to the Area websites to get more information about the following RPMS training opportunities, listed by sponsor:

July

Aberdeen Area

7/10-11 - Immunization V7.1
7/23-27 - Patient Registration, 3rd
Party Billing, and Accounts
Receivable for Area 638 Tribes

ITSC/Albuquerque

7/10-11 - PCC Reporting (at Portland)

7/31-8/2 - Lab Package

Nashville Area

7/10-12 - PCC Outputs (Q-Man/Case Mgmt/PCC Mgmt Reports)

NW Portland Area IHB
7/25-26 - Community Health
Representative (CHR)

Phoenix Area
7/17-18 - Contract Health
Management Information
System (V.3.0)

7/24-26 - ICD/CPT Coding
including PCC V2.0
Updating ICD Files.

Portland Area IHS
7/30 - Level 1 Site Manager
Training

August

Aberdeen Area
8/7-9 - Dental (DDS) Training

NW Portland Area IHB
8/2-3 - Immunization
8/14-15 - Contract Health
Management System (CHS)

8/16-17 - Referred Care
Information System
8/21-23- Diabetes Management
System (with CRIHB)
8/22-23 - Community Health
Representative (CHR)
8/27-31 - Third Party
Billing/Accounts Receivable
(Portland Area IHS)
8/28-29 - Dental Data System

Phoenix Area
8/1-2 - Patient Registration V6.0
8/13-14- Community Health
Representative V1.0
8/21-22 - Chemical Dependency
Management Information
System (CDMIS) V4.1

Portland Area
8/14 - CHS Administration and
CHS RPMS, V3.0
8/16 - Referred Care Information
System
8/27 - Third Party Billing and
Accounts Receivable

September

Aberdeen Area
9/12-13 - Scheduling Package
9/17-21 - Q-Man Training

Phoenix Area
9/11-12 - Immunization Package
V7.1
9/18-20- Accounts Receivable
V1.3/Third Party Billing V2.4

***Remember to
access training
available on the
HHS Online
Learning Portal!!***

<http://www.learning.hhs.gov/>

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